

Isca Supported Living Limited

Room 77 Basepoint

Business Centre

Inspection report

Yeoford Way
Marsh Barton Trading Estate
Exeter
EX2 8LB

Tel: 07809460143

Date of inspection visit:
28 October 2018

Date of publication:
04 December 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 28 October 2018 and was announced. Room 77 Basepoint provides support to people with a learning disability and who may be on the autistic spectrum. At the time of our inspection there were two people using the service.

This service is registered to provide care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. In a supported living setting, care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. We discussed with the provider their registration before and during the inspection to ensure they were correctly registered. The provider was taking steps to ensure the accommodation people lived in and the care provided, were under separate contractual agreements. We asked the registered manager to ensure they were registered correctly with us as we had concerns that the accommodation and care were not sufficiently separate in line with their registration as a supported living service. We asked the registered manager to feedback what action had been taken in this regard.

The service had been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were kept safe through the assessment and mitigation of risks, they were supported to be safer in the community by staff helping them with personal care and showing them how to interact in specific circumstances.

Medicines were managed safely and staff had medicines training and were competency tested. There were enough staff in the service to meet people's needs and they had time to sit and talk with people.

Staff were provided with training relevant to people's needs and felt supported. Healthy choices were encouraged and staff gave people information on health conditions and supported them to access health services.

People and relatives told us staff were caring. People were offered opportunities to choose what they wore, ate and did and were treated with dignity and respect. A relative told us staff were warm and friendly and they could visit the service at any time.

We made a recommendation regarding supporting people to live more independently. People were supported to be independent in the community but there was no evidence that their living skills were being developed as staff did most of the cooking and cleaning.

The service provided person centred care. People were encouraged to engage with the community and lead active fulfilled lives.

There was a complaints policy in place and this was followed.

The registered manager and nominated individual had a hands-on approach and a clear vision to provide good care to people with learning disabilities and help them to engage with their community.

Quality assurance checks were not always robust and the provider needed to review their process for identifying notifiable incidents to us.

We made three recommendations to the service regarding making notifications to us, recording details for supporting people to live more independently and recording quality assurance checks and discussions. Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks people faced were assessed and management plans put in place.

There were enough staff to meet people's needs.

Every staff member had been on medicines training and had their medicines administration competency tested.

Incidents were documented and the service showed how it had learned from them.

Is the service effective?

Good ●

The service was effective.

The service was working within the principles of the Mental Capacity Act 2005.

Staff were supported to meet people's needs through supervision and training.

People were supported to access health services to improve their health and achieve positive outcomes.

Is the service caring?

Good ●

The service was caring.

Relatives told us staff were kind and people said they liked the care staff and felt supported.

Staff could tell us, giving examples, of how they treated people with dignity and respect.

We made a recommendation that more detail be included in care plans of how people will be supported to be more independent in their living skills. People were offered choices and families were communicated with where needed.

Is the service responsive?

The service was responsive.

Care documents were person centred and staff knew people and their needs well.

People were supported to overcome barriers to accessing the local community.

Complaints were recorded, investigated and responded to in line with the complaints policy.

Good 

Is the service well-led?

The service was not always well led.

We made a recommendation that the registered manager and nominated individual review their process for identifying notifiable incidents.

Staff felt supported and the service worked in partnership with key health and social care agencies.

The management team were open and reflective and took on board our feedback.

There were some quality assurance processes in place but they were not robustly evidenced. We made a recommendation the service review their quality assurance processes.

Requires Improvement 

Room 77 Basepoint Business Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 October 2018 and was unannounced.

We gave the service four days' notice of the inspection visit because the service was small and the registered manager was often out of the office supporting staff or providing care. We needed to be sure they would be in.

The inspection team consisted of one adult social care inspector. Before the inspection we gathered the information we knew about the service including notifications that had been made to us about important events.

We visited the site office and looked at care documents for both people using the service, policies and procedures and risk assessments and complaints records. We spoke with one person using the service and wrote a letter to the other and received a written response, this was their preferred method of communication.

We spoke with the registered manager, nominated individual and one care staff member and looked at two recruitment files. We received feedback from one relative, and two professionals who worked with the service.

Is the service safe?

Our findings

People told us they felt safe. They said, "I feel safer" and "They [staff] remind me not to give money to other people." A relative told us "I have every confidence that he is safe with them at the house."

There were systems in place to support people to recognise avoidable harm. All staff had been on face to face safeguarding training provided by the local authority and knew the signs of potential abuse and where to report any concerns. We saw evidence the registered manager had gone through a hate crime fact sheet for people with learning disabilities, with one person, which was in an accessible format. This showed they were in discussions with people about their ongoing safety whilst alone in the wider community. The service had also taken appropriate steps to safeguard a person from the risk of financial abuse.

Incidents were recorded in people's care files and the registered manager and nominated individual could discuss recent incidents and how they had learned from them. They said, "We know now to make sure we can meet people's needs when the referral comes in and to think whether a new person will be the right fit for the others in the house so we aren't upsetting them." They explained they had learned over time, how to best support people and were more confident after conflict resolution training. The service looked for patterns in incidents and recorded dates, times and events leading up to incidents, to work out any patterns that are emerging. We read guidance for staff in one person's support plan for when they became upset, was to, "Step back from engagement and use a couple of words in reply so he doesn't get confused." We saw there had been a decrease in the number of incidents in recent months. The registered manager told us people were calm and happy living in the house and a good balance had been achieved.

Where people were at risk of harm there were risk assessments in place that were regularly reviewed. Risk assessments were written by the registered manager and checked by the nominated individual. One person was at risk of financial abuse from other people and there was a risk assessment in place explaining the history around this and what interventions staff should use. Staff had also put in place practical arrangements for people to stay safe, for example, one person was given a card detailing their name, address and staff contact details for them to show a member of the public if they felt unwell or could not get home.

There were three staff providing support for people. The registered manager, the nominated individual and one care worker. They covered the rota between the three of them. People were supported during morning personal care and breakfast, appointments, their evening meal and personal care before the evening. The service provided a sleep-in service so a staff member was there during the night. One person we spoke with said there was enough staff. The care staff member we spoke with said, "Yes, there is enough staff as people don't need us as much during the day." A relative said, "I have no worries that there aren't enough staff to meet their needs."

People were supported to take their medicines to prevent medical conditions worsening. One person said, "They help me take medicine." The medicine administration record (MAR) for recording where people had been supported to take their medicines, had no gaps and was checked daily by either the registered

manager or nominated individual. The care staff member we spoke with said, "I feel confident with medicines, I know to check the medicine, dosage, person and time before I administer it." The registered manager told us medicines were stored securely in people's home, we did not have the opportunity to see this ourselves. People were supported to pick up their medicines from a local pharmacy. Staff had completed training in medicines and were competency tested.

The service kept people safe from being supported by unsuitable people. Staff files had appropriate evidence of Disclosure and Barring Service (police) checks to show the service had checked staff were suitable to work with vulnerable people and appropriate references had been sought before employment had started.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that it was. We saw consent forms for personal care and medicines signed by people in their care files. Where one person had their money managed by the court of protection we requested documents to evidence these be sent to us and they were after the inspection. All staff had been on MCA training and were able to describe to us the principles around the MCA, and if they had a concern a person might not have capacity, how to support them to make a decision.

All staff had a sound understanding of consent and could give examples of how they gained consent from people when supporting them. One staff member said, "We explain to them that the personal care is to help them feel better and more confident... we always say can we assist, if they say no we come back later." Each staff member spoke of people making choices they didn't agree with but said they respected that people could choose how they lived their lives even if they made decisions that were unwise.

We saw extensive training records for face to face and online learning. One staff member said, "Since I started this year I've done about 30 to 40 certificates, some standard, some more specialised." We saw evidence that staff had completed training courses on person centred approach, supporting people in the community, autism and Asperger's and mental ill health. One staff member told us the service had high standards and that the registered manager "Expects a 90% pass rate." The care staff member told us they were supported through supervision but also daily interactions with the registered manager and nominated individual. We saw evidence of one to one meetings with the staff member to discuss performance and people's support needs.

We saw how people's support had encouraged them to achieve positive health and social outcomes. For example, people had been supported to access health services for the first time in a long time. We heard from a GP who told us with support from the service one person was now able to meet with them and stay for a whole consultation. One person fed back to us, "People said [I am] cleaner and more hygienic because they give me a shower." This person's relative said "We saw a huge change in him from his last accommodation. He was in great spirits, telling jokes, and his personal hygiene had improved enormously." We saw feedback from a social care professional saying they had seen a marked difference in this person's general wellbeing since receiving support from the service. This showed the support was having a positive effect on people's lives and they could do things, go to places and access services they weren't able to before.

The registered manager told us they supported people to make healthy choices and gave people information around healthy eating and stopping smoking. They said, "We give them all the information and are always explaining about being healthy, sometimes the advice is taken other times not, but it's up to the guys." In one person's care plan it suggested making packed lunches as a healthier option to one person eating unhealthy meals in local cafes every day. People did not cook their own food, staff compiled a shopping list with people each week of meals that they liked that were healthy and then shopped and cooked for them. The registered manager told us people were supported to make their own warm drinks and encouraged to stay hydrated throughout the day.

The service supported people to access appropriate health services, for example their GP, chiroprapist, dentist, and mental health support services. Each person receiving support from the service had a hospital passport in place so that if they became unwell and were admitted to hospital, the hospital staff would know their needs and preferences. One staff member said, "Hospital passports are always up to date and detailed because we want them to get the right care."

Is the service caring?

Our findings

One person told us, "The staff are nice" and another fed back; "Staff here more supportive than [name of previous support service]." A relative we spoke with said, "I have found the care given...is exceptional." Staff told us, "Our strength is that we care, I'm very lucky to work with the people that I do. That's why I chose to work here" and, "We have a family caring approach."

Staff spoke of people with affection and smiled when they were describing people and their personalities. They said, "It makes me happy how different he is" and, "I don't do this for money, I love supporting them." A relative told us they could see the staff were fond of their family member and went out of their way to make them happy. The nominated individual said to us of one person, "When it rains I drop him off, though it's not part of our hours I don't want him to get wet." This showed they cared for the wellbeing of that person.

People were involved as much as possible in the planning of their care. Where possible, people had signed care documents. One person was involved in writing some care documents and had written a list of foods they wanted to be provided with and liked, and what they wanted to be supported with. A relative fed back they were kept updated and communication was good. They gave an example of staff talking to them before and after they spoke with their relative and they were on hand to interpret and support with any moments of confusion whilst the person was on the phone.

People were offered choices in their daily lives. Care records showed choice, and how best to offer choice. For example, one person's records documented they might become confused if offered too many options so should offer two choices. One person said, "That's right I get to choose" and "I choose my clothes." Staff told us they offered choices at every stage during the day, from what people had for breakfast to how they wanted their personal care, and whether they wanted staff support or to go out by themselves.

People were supported by staff who respected their privacy and treated them with respect. Care records were kept in a lockable cupboard in a lockable office. In people's homes records were locked away so one person could not access another person's details or care records. A relative said staff were discreet and had been supporting their family member with their continence needs, "Without fuss or bother." Staff told us they treated people with dignity and respect by closing doors and drawing curtains during personal care, and reminded a person who liked to walk around in a state of undress, to cover themselves up in communal areas. The registered manager said the service wants to teach people to respect themselves. They said they pride themselves on, "Supporting people to see the best of themselves, making sure people have a haircut and shave and clothing is straight. Small details when you support people to dress like collars are down and tongues in shoes are comfortable. We want people to look smart and feel proud of themselves."

People were encouraged to maintain their independence through accessing community services and conducting more social interactions themselves. We fed back to the service that though people were encouraged to make their own drinks, there was no support planning around supporting people to strengthen their living skills. For example staff did nearly all of the housework and cooking. We recommend the service work in partnership with people to identify achievable goals to support them with their

independent living skills.

Is the service responsive?

Our findings

The service was responsive in reacting to people's immediate and longer-term needs. Records showed people were supported with their day to day needs such as maintaining their personal hygiene and eating healthily. The staff also identified longer term needs such as one person wanting to be in a romantic relationship. We fed back to the registered manager and nominated individual that care plans could be more detailed in how people were going to be supported to achieve any goals they had identified.

The service was person centred, staff could describe what person-centred care was and knew people and their needs and preferences in detail. There was a policy outlining person centred care and all staff had been on person centred training. Care records contained details of what foods people liked and disliked, a brief outline of their personal history and how they liked their care provided. For example, for new staff to start to build a relationship they should open the conversation with football. Another example was in the instruction around personal care, the person "Will wet his hair first but needs support to wash the shampoo out."

People were supported to remain active and participate in the local community. One person was supported to go to the barbers and eat out in restaurants. Another person was supported to go to a day centre and meet other people. The service supported one person to attend local football matches as that was their main interest. The person told us staff supported them with this and they were thankful for it. Staff explained they had been helping the person to buy tickets themselves by modelling how to stay calm and the person had taken this on board and was able to attend by himself and take part in an activity they loved. People were supported to register to vote because the service wanted people to exercise their full rights as members of society. They could give examples of how they supported people to express themselves through exploring their relationships with other people and sexuality.

One person was supported to go on a holiday when they had not been before. Staff organised a trip full of outdoor activities that met the person's needs and enabled them to experience something new and exciting. The registered manager said they aimed to "Encourage people to make the most out of the things they enjoy." A staff member told us, "We give people opportunities they had never been given before" and "We want people to do things other people do and not be stopped because of their learning disability." Staff could give examples where people could now do things they couldn't before they came to the service. For example one person could now go to a café they wanted to go to and another person could be discharged back to a standard GP surgery because they had been supported to engage more appropriately.

The service was complying with the Accessible Information Standard (AIS) and had a policy in place in respect of this. The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Communication needs were outlined in care plans and how people should be supported around their communication.

There was a complaints policy in place. The complaints log recorded one complaint had been made in the last 12 months. The complaint had been investigated and responded to appropriately. Relatives we spoke

with said they knew how to complain and felt comfortable going to the registered manager or nominated individual. One person said they had no complaints but would go to any of the staff if they did.

Is the service well-led?

Our findings

During the inspection the registered manager and nominated individual disclosed to us an incident with a person who had left the service at the time of the inspection, where the police had been called and a staff member placed at risk of harm. This incident had not been notified to us in line with our registration requirements.

We recommend the registered manager and nominated individual review their processes in how they identify notifiable incidents.

We also discussed with the registered manager and nominated individual that though the service is registered as a supported living service, the care and accommodation were linked. The service rented the house the people lived in and had a separate office, but the care and accommodation were dependent upon each other. In supported living the contracts should be unconnected. We asked the registered manager to meet with their landlord or review their registration options as soon as was reasonably possible to ensure their service was correctly registered. We have asked the service to feed back to us their progress within a specific timeframe before taking further action.

The registered manager and nominated individual made up most of the workforce, with one other staff member and were very hands on, providing much of the personal care. Care plans captured people's needs and daily notes were in detail and captured people's moods, what they ate and how their day had gone. The registered manager told us of the quality monitoring and audits they completed but much of this was in passing to each other and not evidenced. MAR charts were checked daily for any errors and information was handed over in a communication book so things didn't get missed. However, where conversations or informal meetings had taken place regarding quality assurance or discussing best practise this had not been evidenced. We discussed with the registered manager and nominated individual the importance of checking that risks were being managed and assuring themselves of the quality in the service so improvements could be made.

We recommend the registered manager and nominated individual review their quality assurance processes.

The registered manager had a clear vision to provide good quality care to people with learning disabilities and support them to engage with the community from the comfort of their own homes. They were passionate about breaking down the barriers people with learning disabilities and autism faced when trying to access services and integrate into the community. The service had supported people to achieve positive outcomes in health and general wellbeing and widened people's opportunities through supporting them to maintain personal hygiene and learn to better manage their own behaviours when out and about.

People and relatives were happy with the support provided. The three staff members supported each other and were very positive about how caring each other was. The service gathered feedback from people on an ongoing basis but also through questionnaires and asking people when their needs were being reviewed. There was an open, transparent culture and feedback we gave during the inspection was well received. The

registered manager said, "We try to improve ourselves and learn every day" and the nominated individual added, "We try to give people the best care we can."

We saw evidence of partnership working, with people being supported to access GP surgeries, dental services, grief counselling and day centres. The registered manager said they felt supported by care managers and other health professionals and worked in partnership with them to provide a rounded care service.